



Form 874 H-1  
Rev. 1/05

(Home Energy Assistance Target) H.E.A.T Program  
**APPLICATION**  
Utah Department Of Community & Economic Development  
324 South State Street, Ste. 500  
Salt Lake City, UT 84111-2321

OFFICE \_\_\_\_\_  
COUNTY CODE \_\_\_\_\_  
EDIT DATE \_\_\_\_\_  
OUTREACH Y N  
CRISIS \_\_\_\_\_  
APPROVED \$ \_\_\_\_\_  
DENIAL CODE \_\_\_\_\_

DATE: \_\_\_\_\_ Client ID \_\_\_\_\_  
Day Month Year

Have you or anyone living in your household made application for the HEAT Program in the past? Y N  
If yes, when? \_\_\_\_\_ (year); In what office? \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_  
Last First MI Telephone Number

BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ Male ☐ Female ☐  
Day Month Year

MAILING ADDRESS: \_\_\_\_\_ RESIDENTIAL ADDRESS (Fill out only if different): \_\_\_\_\_

Number & Street or PO Box \_\_\_\_\_

Number & Street or PO Box \_\_\_\_\_

Apartment Complex Name and Number \_\_\_\_\_

Apartment Complex Name and Number \_\_\_\_\_

City State Zip Code \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Circle: House or Apartment Rent or Own Rent/Mortgage Payment: \$ \_\_\_\_\_ Subsidized/Govt. Assisted Rent Y N

Do you share residence? Y N Does rent include utilities? Y N Which utilities? \_\_\_\_\_

Did you PAY; medical/dental insurance premiums, out of pocket medical expenses, child support, or alimony in the previous month? Y N

☐ American Indian ☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ Pacific Islander ☐ Other \_\_\_\_\_

Household Composition		Do you <b>or anyone</b> living in your household receive any of the following sources of income or assistance?	
Children under age 3	Y N	Employment (full time/part time)	Y N Receive Child Support Y N
Children age 3 through 5	Y N	Unemployment Benefits/Workman's Cp.	Y N Receive Alimony Y N
Age 60 and older	Y N	Railroad Retirement	Y N TANF/FEP/AFDC Y N
Handicapped/Disabled	Y N	Veterans Benefits	Y N Supplemental Security Income (SSI) Y N
U.S. Citizens (all?)	Y N	Social Security	Y N General Assistance Y N
Receiving Food Stamps	Y N	Pension	Y N Other _____ Y N
			Income from Rental Property Y N
Number of Adults: _____		Number of Children (under 18): _____	TOTAL Number in Household: _____

Others in my household who are aged 18 or older:

1 <sup>st</sup> Adult:	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		dd/mm/yyyy		M F	Y N
Client ID					
2 <sup>nd</sup> Adult:	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		dd/mm/yyyy		M F	Y N
Client ID					
3 <sup>rd</sup> Adult: If more than 3 adults, check and attach extra sheet. <input type="checkbox"/>	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		dd/mm/yyyy		M F	Y N
Client ID					

White, File Yellow, Office Use Pink, Client

**DECLARATION:** By signing this application, I declare that the information I have given for all parts of this application is true and correct to the best of my knowledge and belief. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement given on this application. I hereby authorize HEAT (Home Energy Assistance Target) and HELP (Home Electric Lifeline Program) program officials to make inquiry of persons, companies, and financial institutions or other state and federal agencies to assist in the processing of my application.

I will notify HELP if I become ineligible for HELP. I understand that giving false information or failing to notify HELP when I no longer qualify may cause me to pay the difference between the discounted and regular rate. I must re-apply annually, and if I move I will notify HELP in order to continue to receive this discount. **Do you wish to enroll or re-apply to remain in Utah Power's HELP discount program that saves you up to \$8.00 per month on your Utah Power bill? Y N**

I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date, that my application may be denied. **I agree not to change the vendor** to which my HEAT payment may go after this date. I understand that if Federal HEAT funds are exhausted prior to processing of this application the State of Utah is under no obligation to make payment.

**My HEAT payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%):**

%	Utility Vendor	CODE	Account Number	Account Name (if Different)
	Applicant			

4 Office use.  
STOP here.

Applicant Signature

Date

Verifications Worksheet		Month Used: _____	
<b>GROSS EARNED INCOME:</b> List the <b>name</b> of each adult in the household. All adults' income must be counted. If an adult has no income, put "0" and a brief explanation of why not, or attach the "Deficit" income statement if needed.			
Name _____	Date Rec'd _____	Amount \$ _____	Name _____
Name _____	Date Rec'd _____	Amount \$ _____	Name _____
Name _____	Date Rec'd _____	Amount \$ _____	Name _____
<b>GROSS INCOME:</b> Subtotal ALL GROSS Earned Income above (before taxes or deductions)		\$ _____	
Earned Income Credit: 20% of income (x .20 of subtotal)		\$ _____	
<b>NET EARNED INCOME (Subtract 20% from ALL earned income subtotal)</b>		\$ _____	
<b>UNEARNED INCOME:</b> List by name of each in the household and the source.			
Name _____	Date Rec'd _____	Amount \$ _____	Name _____
Name _____	Date Rec'd _____	Amount \$ _____	Name _____
Name _____	Date Rec'd _____	Amount \$ _____	Name _____
Subtotal ALL Unearned Income		\$ _____	
<b>TOTAL INCOME</b>		<b>Add Total NET Earned &amp; Total Unearned Income</b>	
<b>DEDUCTIONS</b> (Itemize each receipt and date paid in the Agency Checklist - Case Log.)			
Medical Expenses (out of pocket medical expenses & insurance premiums)		\$ _____	
Alimony/Child Support Payments		\$ _____	
<b>Total Deductions</b>		\$ _____	
<b>TOTAL NET INCOME:</b>		(Subtract Total Deductions from Total Income) \$ _____	

**MAKE A COPY OF THIS APPLICATION FOR YOURSELF  
BEFORE MAILING.**

Carefully read the attached INSTRUCTIONS FOR MAILING the application which has a list of all items that must be mailed.

Use appropriate postage.